

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90120 041 \*\*\*\*61.25

<b>DOCUMENT # 707160</b> 1. Entity Name <b>UNITED WAY OF ALACHUA COUNTY INC.</b>				 RECEIVED DEPARTMENT OF REVENUE OPERATIONAL ACCOUNT	
Principal Place of Business <b>6031 N.W. 1ST PLACE GAINESVILLE, FL 32607-2025</b>				Mailing Address <b>6031 N.W. 1ST PLACE GAINESVILLE, FL 32607-2025</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>REARDON, STEVEN E. 6031 N.W. 1ST PLACE GAINESVILLE, FL 32607</b>				Name <b>Karen G. Bricklemeyer</b> Street Address (P.O. Box Number is Not Acceptable) <b>6031 NW 1st Place</b>  City <b>Gainesville</b> FL Zip Code <b>32607</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD DANIEL, C B <input checked="" type="checkbox"/> Delete		TITLE	D James Doughton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7515 WEST UNIVERSITY AVE		NAME	% Gainesville Sun, P.O. Box 147147	
STREET ADDRESS	GAINESVILLE, FL 32607		STREET ADDRESS	Gainesville, FL 32614-7147	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	STD POPPELL, ED <input checked="" type="checkbox"/> Delete		TITLE	STD William J. Robinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	% UNIV OF FLORIDA PO BOX 113100		NAME	% Shands Healthcare P.O. Box 100327	
STREET ADDRESS	GAINESVILLE, FL 326113100		STREET ADDRESS	Gainesville, FL 32610-0326	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD TIBBS, ESTER S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	PO BOX 390, MAIL SLOT 3		NAME		
STREET ADDRESS	GAINESVILLE, FL 32602		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GIES, DENNY <input type="checkbox"/> Delete		TITLE		
NAME	1200 NE 55TH BLVD.		NAME		
STREET ADDRESS	GAINESVILLE, FL 32641		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	D Tom Mallini <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	M & S Bank, P.O. Box 5278	
STREET ADDRESS			STREET ADDRESS	Gainesville, FL 32602-5278	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

2004 APR 19 A 8:16  
24072810



03302004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0808855  
☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required